SHORT-TERM EVALUATION RESULTS FOR THE *KIT FOR NEW PARENTS*

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Report Presented by:
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SHORT-TERM EVALUATION RESULTS FOR THE *KIT FOR NEW PARENTS*

Background

First 5 California Children and Families Commission (CCFC) currently distributes the *Kit for New Parents*, a colorful box containing comprehensive parenting materials, to parents of the half-million infants born each year in California. *Kits* are available in English or Spanish. This brief report describes the results of an early evaluation of the *Kit* in selected California counties between Fall 2000 and Spring 2002. The evaluation occurred prior to the full development of the *Kit* materials. Pilot *Kits* used for the study contained:

- A set of five videos on (1) early childhood development, (2) child safety, (3) quality child care, (4) early literacy and (5) prenatal/child health and nutrition[1]
- 13 related brochures[2]
- A *Parents Guide* with links to telephone and Internet resources
- A cardboard baby book

The Center for Community Wellness at the University of California, Berkeley (UCB) conducted the study with funding from First 5 CCFC. This brief report includes results from initial questionnaires that were administered at the time pilot *Kits* were distributed to mothers in fall 2000, and from follow-up interviews six to nine weeks later with the same mothers. The report compares those results with initial and follow-up answers from a comparable group of mothers who did not receive a *Kit.*

This six to nine week follow-up study is part of an on-going evaluation. A fourteen-month follow-up interview was also conducted with mothers. In addition, the on-going evaluation asks providers about the impact of the *Kit* on their service delivery to parents, and investigates how the *Kit* is distributed statewide. Full evaluation results will be reported in December 2003.

Evaluation questions for this portion of the on-going study:

- Do parents use the *Kit for New Parents*?
  - How and when do parents use the individual materials?
  - Do fathers use the materials?

- What do parents learn from the *Kit for New Parents*?
  - What improvements in knowledge do parents gain from the *Kit*?
  - How do they change their parenting practices as a result of the *Kit*?
  - Does the *Kit* affect their confidence in parenting?
  - Does receiving a *Kit* while pregnant or after birth make a difference in mothers' learning?
  - Do English versus Spanish materials make a difference in mothers' learning?
  - How do these results compare with other studies?

[1] An additional video on child discipline is included in the *Kit* now distributed statewide.

[2] The *Kit* distributed statewide contains eight brochures with more consolidated content.

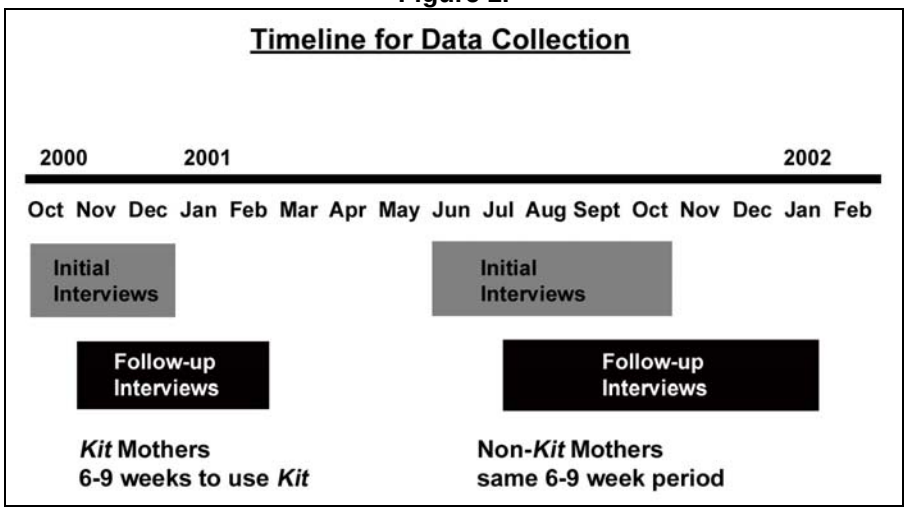
Methods

Kit mothers and mothers who did not receive a *Kit* were recruited from a total of nine California counties in both urban and rural areas, and in different geographic regions of the state:

- Alameda
- Contra Costa
- Del Norte
- Lassen
- Los Angeles
- Modoc
- Orange
- Santa Clara
- Tehama

Figure 1 shows the timeline for data collection. *Kit* mothers were recruited during late 2000, and once additional funding was secured, non-*Kit* mothers were recruited in mid-2001. Follow-up interviews were conducted six to nine weeks later in each case.

Figure 1.



When recruited, mothers were asked if they would be willing to answer questions about health and family issues as part of a study to better understand parents' information needs. Mothers who received a *Kit* were also told that their answers would help the state to better understand whether the *Kit* was useful to parents.

Approximately half of the mothers chose an English *Kit* and answered questions in English, while the other half chose a Spanish *Kit*. The same percentages of English and Spanish speakers were found among mothers not receiving the *Kit*. A substantial number of mothers who received a *Kit* where from underserved populations who often have less access to health care and parenting information: 16% were less than 20 years of age, 19% had less than 10 years of schooling and another 44% had completed only high school. In addition, 71% were in the Medi-Cal program.

The initial questionnaire asked all mothers about their age, race, Medi-Cal enrollment, infant's health insurance coverage, and the status of their pregnancy or birth. There were no differences between *Kit* mothers and non-*Kit* mothers regarding their Medi-Cal enrollment. There were equal percentages of teen mothers in the *Kit* and non-*Kit* groups. However a lower percentage of older mothers received a *Kit* (24% of *Kit* mothers were older than 29, while 30% of non-*Kit* were older than 29.) More of the mothers who received a *Kit* (48% versus 41% of those who did not) were first-time mothers.

During the follow-up telephone interview, all mothers were asked about their pregnancy or baby's birth, and breastfeeding practices as applicable. At follow-up, there were no differences in breastfeeding between mothers who received a *Kit* and those who did not.

The same eight knowledge questions were asked initially and at follow-up of all women in the study. Eight key content areas (covered by the *Kit* and considered most important by a panel of experts) were addressed. They included five knowledge questions and three questions about the mothers' confidence in knowledge about finding resources:

1. Safe sleeping position
2. Best way to feed a 2-month old
3. Best age to start solid foods
4. How infants learn best
5. When to start reading to children
6. Finding resources for quitting smoking
7. Finding resources for child care
8. Finding resources for free or low-cost medical care for babies

An overall knowledge scale was created to provide a reliable measure of mothers' knowledge in these eight areas. Knowledge scale scores were computed by assigning one point for each correct answer, totaling the number of points, dividing by eight, and multiplying by 100. Therefore each mother received a knowledge score ranging from 0 to 100 initially and at follow-up, depending on how she answered the questions.

Table 1 summarizes the study design. The table includes the number of mothers interviewed during each period, the time periods for the interviews, a summary description of the questions asked of mothers, and the types of programs from which they were recruited.

Table 1. Summary of the Study Design

***Kit* mothers**	**Mothers who did not receive a *Kit***
October through December 2000 542 mothers agreed to be in the study, completed an initial questionnaire, and received a *Kit*.	**June through October 2001** 1236 mothers who did not receive a *Kit* were recruited and completed initial questionnaires.
November 2000 through February 2001 462 (85%) completed a follow-up telephone interview six to nine weeks later. At follow-up, mothers who received a *Kit* were asked about: 1. Their experience receiving the *Kit* 2. Their use and their partner's use of the *Kit* 3. Their satisfaction with the *Kit* 4. The *Kit*'s helpfulness 5. Any changes made due to the *Kit* They were also asked the same knowledge questions that they were asked initially.	**Mid-July 2001 through February 2002** 1011 (82%) completed a follow-up telephone interview six to nine weeks later. Non-*Kit* Mothers were asked the same knowledge questions that they were asked initially.
The 462 *Kit* mothers who completed both an initial questionnaire and a follow-up interview were recruited from three types of programs: ➢ **51%** were in prenatal programs including Women Infants and Children (WIC) clinics before they gave birth. ➢ **21%** had just delivered a baby in a hospital delivery unit. ➢ **28%** were recruited into the study during a postpartum home visit.	The 1011 non-*Kit* mothers who completed an initial questionnaire and a follow-up interview were recruited from similar programs: ➢ **56%** were in prenatal programs including WIC clinics before they gave birth. ➢ **22%** had just delivered a baby in a hospital delivery unit. ➢ **22%** were recruited into the study during a postpartum home visit.

Results

Mothers' and their partners' experience with the *Kit*

***Kit* distribution.** Thirty percent of the women were with their partner or the baby's father when they first got the *Kit*. At follow-up, mothers were asked about their experience when they received the *Kit*. Eighty percent reported that someone at a clinic, hospital, or home visit opened the box and showed them what was inside. The interviewer also asked each mother how helpful that had been. Those who had not been shown the contents of the box were asked how helpful it might have been for someone to go through it with them. Overall, 64% of the women responded that it was or would have been "very helpful," while 28% indicated "somewhat helpful," and 7% responded "not too helpful."

Use of the *Kit*. As shown in Table 2, 88% of the mothers had used one of the informational portions of the *Kit* (aside from the baby book) by the time of the follow-up interview. Many mothers had used more than one component. Mothers (who received the *Kit* directly) used it more than their partners. Fifty-two percent of mothers reported that their partner had used one or more of the *Kit's* informational components. Although 77% of mothers read the baby book, both mothers and their partners used the videos more than the other informational materials—the brochures or the *Parent's Guide*.

Table 2. Mothers' and Partners' Use of the *Kit*

Question	Response Category	Percent
Have you…	Used any of the videos, brochures, and/or the Parent's Guide	88%
(*n*=462)*	Read the baby book	77%
	Seen Any of the Videos	72%
	Read Any of the Brochures	70%
	Read the *Parent's Guide*	63%
Has the **baby's father or your partner**…	Used any of the videos, brochures, and/or the Parent's Guide	52%
(*n*=462)*	Read the Baby Book	37%
	Seen Any of the Videos	39%
	Read Any of the Brochures	31%
	Read the *Parent's Guide*	29%

*Multiple answers were allowed and were coded in all appropriate categories.

We also conducted analyses to see if there were differences in use by mothers with various educational levels, first-time mothers versus experienced mothers, or by mothers who reported their partner had used the *Kit* versus those whose partner had not. Of the three, only fathers' use impacted mothers' overall use of the materials:

- A higher percentage (69% versus 31%) of mothers who reported their partner was with them when they got the *Kit* said that their partner had used some portion of the *Kit.*
- If a mother's partner had used the *Kit*, she also was more likely to have used the *Kit* (98% of those mothers used the *Kit* versus 77% of other mothers.)

Mothers' views of the *Kit*

Ninety percent of the mothers who used any portion of the *Kit* had positive opinions about the *Kit* when they first received it. Many first-time mothers commented that the *Kit* was helpful, while experienced mothers found it helpful for updating them on the latest health recommendations. One experienced mother said that the *Kit* had helped her to take better care of herself, unlike when she had her first baby. Two mothers offered these comments:

> *"There were things I didn't know, such as drinking alcohol, which affects the baby's mental development. Also the harm cigarettes can cause babies."*

> *"I felt good. As soon as I got home, I started watching the videos and I even got emotional on the things we need to do with our kids so they turn out to be good, like the time you need to spend with them and how to discipline without hitting them."*

After having the *Kit* for six to nine weeks, 96% of mothers who used any portion of the *Kit* had positive reactions to it. Ninety-nine percent of the mothers who used the *Kit* felt it should be given to all parents in California. This mother's response was typical of many:

> *"It's something good to have because most people wouldn't know where to get help and resources. This helps, and that's good."*

As shown in Table 3, 94% of mothers who used any portion of the *Kit* thought that at least some of the information in the *Kit* had been helpful in caring for themselves, their baby, or their family. When asked what had been helpful, they offered a wide range of responses, with the highest number describing general parenting help (55%), help with child nutrition (36%), child development (31%), child safety (20%), and pregnancy/childbirth (13%).

Table 3. Helpfulness of the *Kit*

Question	Response Category	Percent
Has any information in the *Parent's Kit* been helpful in caring for yourself, your baby, or your family? (*n*=405)	Yes	94%
If yes, types of helpful information… (*n*=380)*	General Parenting Help	55%
	Child Nutrition	36%
	Child Development	31%
	Child Safety	20%
	Pregnancy and Childbirth	13%
	Child Care	5%
	Accessing Services	3%
	Other	5%

*Multiple answers were allowed and were coded in all appropriate categories.

Mothers' changes as a result of the *Kit*

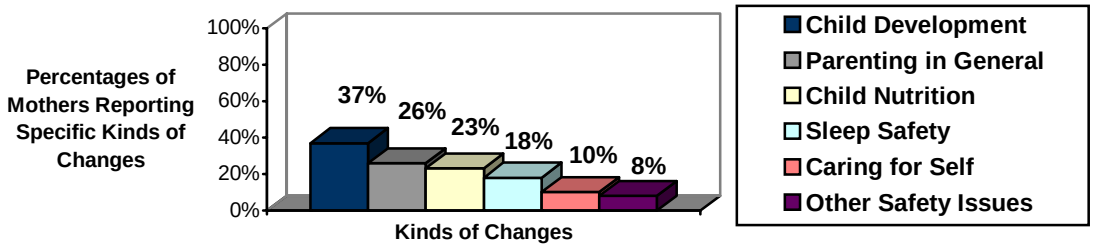
Forty-eight percent of the women using the *Parent's Kit* reported that they had changed their thinking or behavior because of the *Kit*. Overall, more of the experienced mothers (55% versus 41% first-time mothers) reported changes. However, first-time mothers (47% versus 22% experienced mothers) were more likely to report changes related to child development.

As shown in Figure 2, 37% of the mothers reporting changes indicated they had made changes related to child development, while 26% described general changes they had made in their parenting. An example of a general change was:

> *"It is my first baby and I didn't know anything about taking care of babies, but the Kit is helping a great deal."*

Mothers also cited specific things they learned or changes in their behavior as a result of the *Kit*, including practices related to child nutrition (23%), sleep or crib safety (18%), caring for themselves (10%), and other aspects of child safety (8%). As an example of "caring for herself," one woman said she stopped smoking altogether after she saw the material.

Figure 2. Kinds of changes reported by mothers



A few mothers reported sharing information and finding services as a result of the *Kit*. When mothers were asked specifically about breastfeeding, 50% said that the *Kit* helped them with choices about breastfeeding. These two mothers experienced changes similar to other mothers:

> *"My mom is old-fashioned and she's already telling me to put cereal in the baby's milk. So I told her now I wasn't supposed to do that."*

> *"I learned to pay more attention to my baby. That I need to talk to him, spend time with him, read to him, because he's not there just to lie in his crib. Now I see him respond to me when I talk to him like he wants to talk, and he smiles."*

Mothers who said their partner had also used the *Kit* were more likely to make changes than other mothers (54% versus 41%).

Future use of the *Kit*

As shown in Table 4, 97% of mothers who used the *Kit* said that they were either "very likely" or "somewhat likely" to use it again. Of those mothers, 57% thought they might use the *Kit* to increase their general knowledge about parenting. For example, one mother said:

> *"I'll sit down and watch the videos and go through the Kit with my baby's father so he can learn how to take care of the baby too."*

Forty-four percent of the mothers believed they might use the *Kit* as a reference in the future, such as looking for an answer to a specific question in the *Parents Guide*. For example:

> *"I will refer to the different brochures and guide book as my child gets older."*

Table 4. Future Use of the *Kit*

Question	Response Category	Percent
How likely are you to use the *Parent's Kit* in the future? (*n*=401)	Very Likely	73%
	Somewhat Likely	24%
	Not too Likely	3%
How do you think you might use it? (*n*=388)*	General Learning	57%
	Reference	44%
	Share	30%
	Other	2%

*Multiple answers were allowed and were coded in all appropriate categories.

Thirty percent thought they might share the *Kit* with people in their families including their partners, older children, and other relatives. Some mothers also mentioned sharing the *Kit* with their childcare providers and friends in the future. For example:

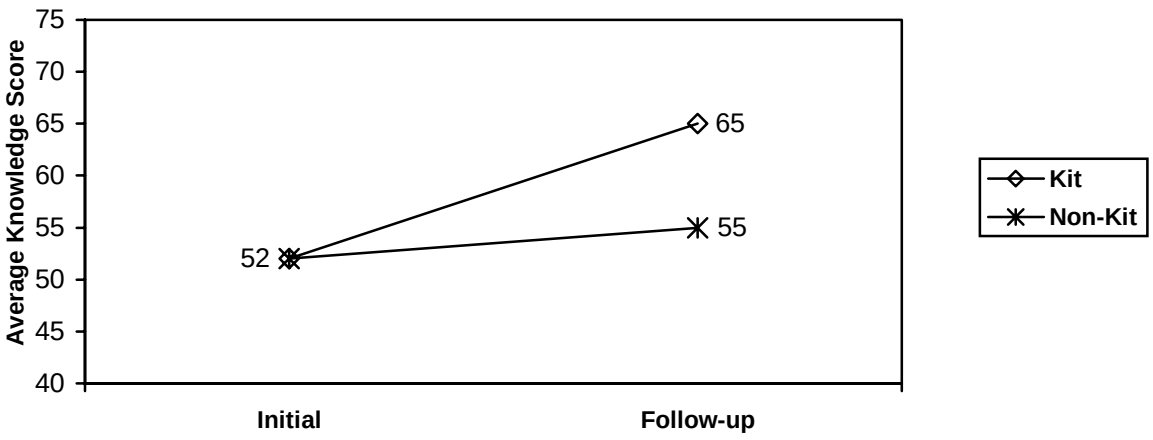
> *"All my neighbors have babies and I am inviting them to come see the videos."*

Greater knowledge gain for *Kit* mothers

The same eight knowledge questions were asked initially and at follow-up for all women in the study. The average initial and follow-up knowledge scores of *Kit* mothers were compared with the average initial and follow-up scores of mothers who did not receive a *Kit.* Figure 3 below shows the results of this comparison.

Initially, scores for both groups were identical (52), with the mothers in each group on average answering approximately half (52%) of the knowledge items correctly. At follow-up, non-*Kit* mothers' average knowledge score increased only 3 points to 55, while *Kit* mothers' average knowledge score increased 13 points to 65. This represents a 10-point difference in improvement favoring *Kit* mothers. This difference in improvement was significant at <.001.

Figure 3. Overall knowledge gains
***Kit* mothers have a 10-point greater knowledge gain**



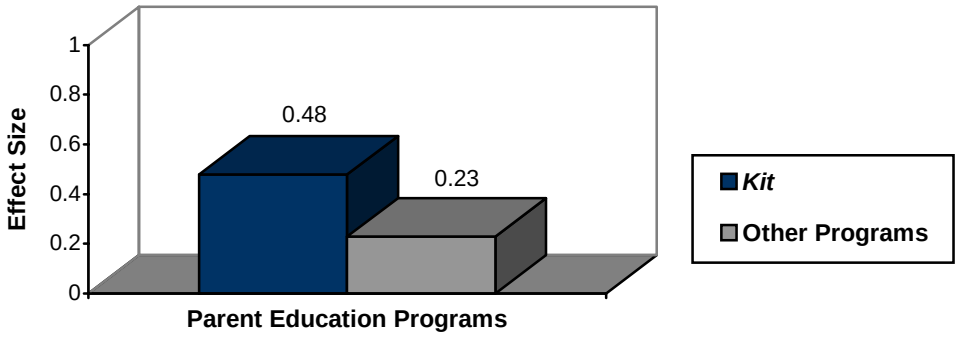
Kit mothers demonstrated significant knowledge gains for each of the eight items of the knowledge scale. Table 5 shows the percentage of *Kit* mothers, initially and at follow-up, who answered each question correctly.

Table 5. Percentages of *Kit* Mothers Correctly Responding to Knowledge Items (n=462)

Knowledge Item	Correct Initially	Correct at Follow-up	Difference
1. Newborns should be put to sleep on their backs.	64%	78%	+14
2. The best way to feed a two-month old is with breast milk only.	63%	71%	+8
3. The best age to start feeding your baby cereal or solid food is four-to-six months old.	61%	71%	+10
4. The most important way for babies to learn is playing with adults.	40%	52%	+12
5. The best time to start reading to your child is during their first year.	72%	84%	+12
6. If you or a friend wanted to quit smoking, would you know where to get help?	31%	45%	+14
7. If you needed someone to take care of your baby, would you know where to look for a phone number to call to get a list of child care providers in your area?	33%	54%	+21
8. If you needed it, would you know where to go or call to sign up for free or low cost medical care for babies?	54%	63%	+9

Meta-analysis is a statistical method used to aggregate and compare results across studies. An effect size is an index used in meta-analysis to compare results for a group receiving an intervention to the results for a comparison group.[3] The effect size when comparing the knowledge gain of *Kit* mothers with those not receiving the *Kit* is .48. Abt Associates recently conducted a meta-analysis across 108 parenting intervention studies that measured changes in parenting knowledge and attitudes (Layzer, et al., 2001). The average short-term effect size across the 108 studies was .23, less than half the size as found for the *Kit*. Figure 4 shows the relative effective size of the *Kit* versus the other parenting interventions studied.

Figure 4. Comparison of program effects
The *Kit* has twice the effect size of other programs



[3] An effect size is typically calculated by taking the difference between two groups' average scores, and dividing this difference by the standard deviation of the scores.

Greater knowledge gain for women who received a *Kit* while pregnant

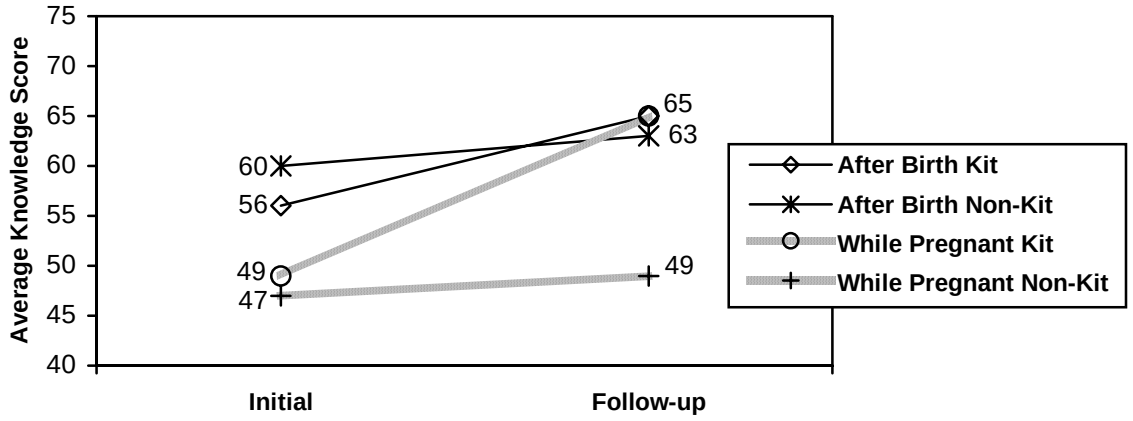
The largest effect size was for women who were pregnant when they were recruited (.67). Increases in mothers' knowledge varied depending on whether they received a *Kit* while pregnant versus after the baby's birth. Figure 5 compares knowledge gains for women who were initially questioned while pregnant with gains for mothers first interviewed after the birth of their baby.

Pregnant women had lower initial scores than mothers recruited after the birth of their baby. Mothers continue to gain knowledge throughout their pregnancy. This may account for these score differences.

For pregnant women recruited into the study:
- *Kit* mothers had a low initial score, but a full 16-point knowledge gain.
- Non-*Kit* mothers also had a low initial score, with only a two-point knowledge gain.

For mothers recruited after the birth of their baby:
- *Kit* mothers had a nine-point gain in knowledge.
- Non-*Kit* mothers gained only three points in their knowledge scores. [4]

Figure 5. Prenatal versus postnatal knowledge gains
Greater gain for women who received a *Kit* while pregnant



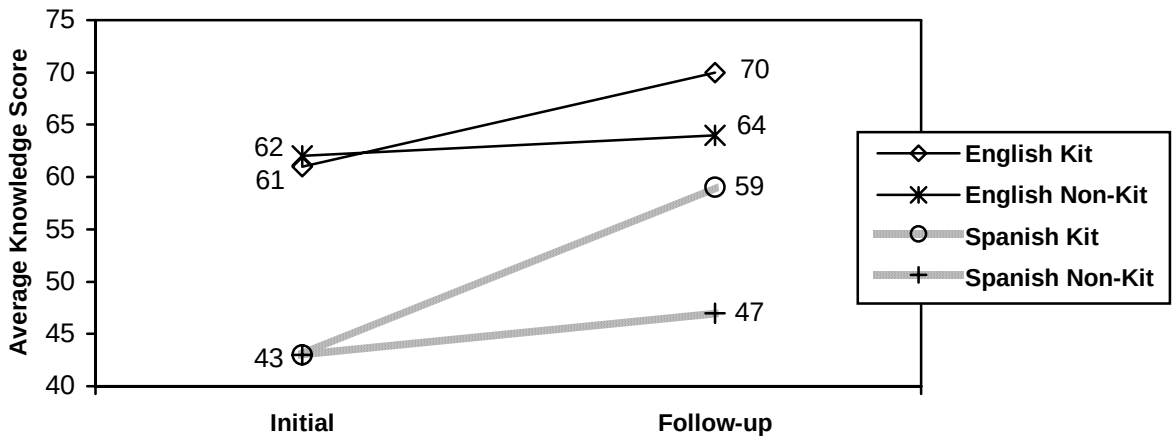
[4] Although the difference in knowledge gain varied for pregnant women and mothers recruited after the birth of their baby, the *Kit* effect was significant in both groups (<.001 within the prenatal group, and .001 within the postnatal group).

Greater knowledge gain for mothers who received a Spanish *Kit*

The next largest effect size was for mothers who preferred Spanish (.62). Increases in mothers' knowledge varied depending on whether they preferred a *Kit* in English versus Spanish. Spanish speakers had lower initial knowledge scores whether or not they received a *Kit*. Figure 6 below shows the differences in knowledge gain of mothers who chose to have their *Kits* and initial questionnaires in Spanish versus English.

- Spanish *Kit* mothers had a 16-point knowledge gain compared with a nine-point gain for English *Kit* mothers.
- Of mothers who did not receive a *Kit*, Spanish speakers gained only four points, and English speakers gained only two points. [5]

Figure 6. Knowledge gains by language
Greater knowledge gain for Spanish speakers who received a *Kit*



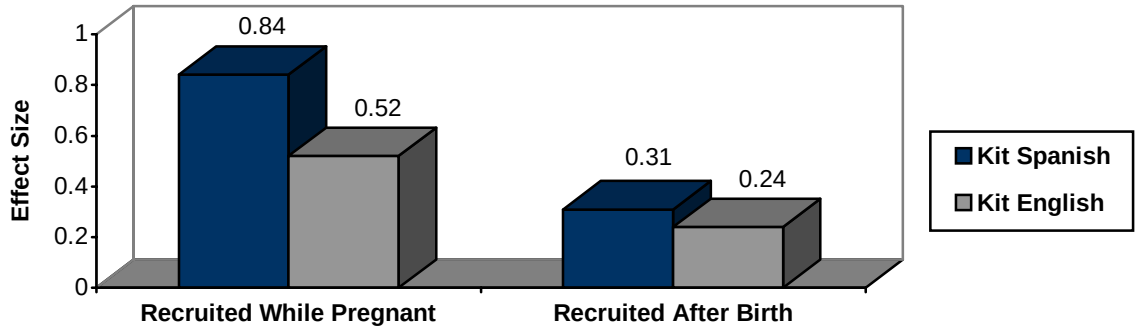
[5] Although the difference in knowledge gain varied for Spanish and English speakers, the *Kit* effect was significant in both groups (<.001 within the Spanish group, and <.001 within the English group).

Combined effects when Spanish speakers are given a *Kit* while pregnant

To understand the greater effects for women who were pregnant and Spanish speakers, it is important to consider whether language choices differed between women who were pregnant and women who had given birth when they were recruited. To explore this question, effect sizes were calculated separately within each birth status-by-language combination. As shown in Figure 7, the largest combined effect size (.84) was for Spanish speakers who were recruited while pregnant.

- The effect sizes for Spanish speakers were greater than for English speakers for both the prenatal and after-birth groups.
- The effect sizes for mothers recruited while pregnant were greater than for mothers recruited after the birth of their baby for both language groups.

Figure 7. Larger effects for pregnant women and Spanish speakers



These detailed analyses show that the *Kit* is most effective in increasing mothers' knowledge of best parenting practices and access to resources when delivered to pregnant women, and the *Kit* is more effective for Spanish-speaking than for English-speaking mothers. Yet it is important to remember that for all mothers receiving a *Kit* during the study, the *Kit* was effective at levels equal to or greater than the average effects typically reported for other parent education and support interventions.

Conclusions

1. Do parents use the *Kit for New Parents*?

Use of and satisfaction with the *Kit* were universally high. At follow-up, 88% of mothers and 52% of their partners had used *Kit* materials.

If a mother's partner had used the *Kit*, she also was more likely to have used the *Kit* (98% of those mothers used the *Kit* versus 77% of other mothers.)

Of mothers who looked at the materials, 94% reported that the *Kit* was helpful to them and their family, and 97% said they were likely to use the materials in the future. Mothers most often found the *Kit* useful for general parenting help and information on child nutrition, child development, and child safety.

2. What do parents learn from the *Kit for New Parents*?

During this relatively short follow-up period, a substantial overall positive effect of the *Kit* was found for mothers' knowledge of parenting best practices and available resources. There was a 10-point difference in knowledge improvement favoring *Kit* mothers over mothers who had not received a *Kit*.

In the six to nine weeks since they received the *Kit*, 48% of the mothers who used it said they had changed their thinking about how to care for their children and/or had acted on those changes as a result of the *Kit*. Mothers who made specific changes most often noted shifts around child development, infant nutrition and infant sleep safety. First-time mothers (47% versus 22% experienced mothers) were more likely to report changes related to child development. As a result of the *Kit*, some mothers decided to breastfeed, put their babies to sleep on their backs, and read to their infants. Mothers also reported changes in their overall parenting.

3. Is the *Kit* more effective with particular women or in particular settings?

The vast majority of mothers used the *Kit* and found it helpful no matter where and when they received it. The average knowledge gain was greater for mothers who received a *Kit* anywhere than for mothers who did not receive a *Kit.*

The *Kit* was found to be most effective for women who received it during pregnancy and for Spanish speakers. Both pregnant women and Spanish speakers had lower initial knowledge scores and made greater knowledge gains associated with *Kit* use. Spanish speakers and mothers who received the *Kit* in prenatal and home visiting programs also reported the highest use and satisfaction with the *Kit*.

Providers we spoke to during the course of the study noted that parents are "hungry for information" during pregnancy and often have more time and energy to explore educational materials before the birth, especially in the second and third trimester. Providers also noted that many prenatal programs, including WIC and Comprehensive Perinatal Services Program

(CPSP), provide extensive health education for women throughout pregnancy, and "the *Kit* fits perfectly with the program." When the *Kit* is provided to pregnant women or to Spanish speaking pregnant women and mothers, its effects on knowledge are even more substantial.

Although it was relatively less effective to give *Kits* to parents in the delivery hospital, these mothers still reported high use and satisfaction. Providers thought that hospital distribution was an important way to get the *Kit* to women who did not receive it before the birth and a good way to involve the baby's father or other family members. An outreach worker described the synergy that occurred when a family received the *Kit* in the hospital:

> *"The father, grandparents, aunts, and uncles were all there. It was a very rich experience. Each family member helped get the others excited about the Kit. And discussing important issues such as sleep position and feeding helped everyone start out on the same page in caring for the baby."*

4. How do these results compare with other studies?

The *Kit* compares very favorably with other educational programs designed to increase parenting knowledge and outcomes. Overall, the *Kit's* effect on increasing parent knowledge (.48) is twice as large as effects typically reported for parenting education and support interventions (average effect size .23).

Limitations of the Study

The sample used in this survey was relatively small and was not designed to statistically represent the state of California. Instead, the sample was designed to include a balance of Spanish and English speakers in diverse California counties. Special efforts were made to include a substantial number of mothers from underserved populations who often have less access to health care and parenting information.

For this portion of the study, our follow-up period ranged from six to nine weeks to document short-term effects of the *Kit*. Therefore this study does not document how parents might use the *Kit* over the long term or whether they will continue to learn and improve their parenting. We are currently analyzing the results of a fourteen-month follow-up interview to answer these questions.

Recommendations

Given the *Kit*'s substantial effect in improving mother's knowledge of key parenting issues, together with the cost efficiency of large-scale distribution, the *Kit*'s potential for enhancing infant health and development throughout California is enormous. During this project, we learned a number of things to inform practices for statewide distribution:

- Ninety-nine percent of the mothers who used the *Kit* felt it should be given to all parents in California. Regardless of whether mothers were pregnant or they preferred Spanish, use and satisfaction with the *Kit* was universally high. Additionally, the project documented the effectiveness of the *Kit* in providing parenting knowledge and support to both new and experienced mothers.

- The *Kit* was found to be effective when distributed in a variety of settings. The *Kit* should be distributed in a variety of venues to ensure that all families, including those that are traditionally under-served, have the opportunity to receive a *Kit.*

    - Priority should be given to distributing *Kits* in prenatal programs. The prenatal period is a critical time for making healthy behavior changes. Additionally, this is the time when parents are most receptive to learning.
    - Providing *Kits* in the hospital is also important because it is an excellent place to distribute *Kits* to mothers who did not attend prenatal programs. Distributing *Kits* at hospital delivery ensures that all parents get a *Kit*. Fathers are also likely to be present in the hospital.
    - Distributing *Kits* during home visits is useful because visiting nurses can provide support and encouragement in a comfortable environment.
    - It is important to consider a wide range of other sites for *Kit* distribution to ensure that all mothers taking care of very young children receive the *Kit*. For example, consideration should be given to pediatric, CHDP and dental clinics, Medi-Cal and CalWORKs offices.
    - It is also important to provide *Kits* to special groups of parents and caretakers, for example, providers in Head Start and other child care programs, caretakers in adoption/foster care and grandparent programs, and parents in family courts, shelters and jails.

- Every effort should be made to include fathers in the program. They very much appreciated and benefited from the *Kit* and the benefit of their involvement extended to the mother. Mothers were more likely to use the *Kit*, to find it "very helpful," and to make changes if the father also had used the *Kit*.
- Because the *Kit* was shown to be so effective with Spanish speakers, *Kit* materials should be culturally adapted into other languages for parents of different backgrounds.

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